

<i>SERFF Tracking Number:</i>	<i>HCCH-126459853</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>HCC Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>44633</i>
<i>Company Tracking Number:</i>	<i>CAP AOA 2010</i>		
<i>TOI:</i>	<i>H21 Health - Other</i>	<i>Sub-TOI:</i>	<i>H21.000 Health - Other</i>
<i>Product Name:</i>	<i>Medical Stop Loss Endorsements</i>		
<i>Project Name/Number:</i>	<i>/</i>		

## Filing at a Glance

Company: HCC Life Insurance Company

Product Name: Medical Stop Loss

Endorsements

TOI: H21 Health - Other

Sub-TOI: H21.000 Health - Other

Filing Type: Form

SERFF Tr Num: HCCH-126459853 State: Arkansas

SERFF Status: Closed-Approved-  
Closed

Co Tr Num: CAP AOA 2010

State Status: Approved-Closed

Reviewer(s): Rosalind Minor

Authors: Brad Long, Misty Pagelsen

Date Submitted: 01/20/2010

Disposition Date: 01/25/2010

Disposition Status: Approved-  
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name:

Project Number:

Requested Filing Mode: Review & Approval

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments: This filing has been submitted to HCC Life's domicile state of IN as of 01/20/2010 and is pending approval.

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 01/25/2010

Market Type: Group

Group Market Size: Small and Large

Group Market Type: Employer

Explanation for Other Group Market Type:

State Status Changed: 01/25/2010

Deemer Date:

Submitted By: Misty Pagelsen

Filing Description:

Created By: Misty Pagelsen

Corresponding Filing Tracking Number:

This filing is for two endorsements to our previously approved stop loss form filing. HCC Life's stop loss forms provide excess risk coverage to employers with self-funded health plans which are usually subject to Employee Retirement Income Security Act of 1974 (ERISA). These endorsement forms are being submitted to enhance HCC Life's previously approved stop loss forms (HCCL MSL-2007, et al), which was approved by the Department on 12/29/2006 (see filing number FRCS-125064018).

SERFF Tracking Number: HCCH-126459853 State: Arkansas  
Filing Company: HCC Life Insurance Company State Tracking Number: 44633  
Company Tracking Number: CAP AOA 2010  
TOI: H21 Health - Other Sub-TOI: H21.000 Health - Other  
Product Name: Medical Stop Loss Endorsements  
Project Name/Number: /

Please see the attached filing cover letter for a more detailed explanation of this filing.

## Company and Contact

### Filing Contact Information

Misty Pagelsen, mpagelsen@hcclife.com  
225 TownPark Drive 770-693-6455 [Phone]  
Suite 145  
Kennesaw, GA 30144

### Filing Company Information

HCC Life Insurance Company CoCode: 92711 State of Domicile: Indiana  
225 TownPark Dr., NW Group Code: Company Type:  
Suite 145 Group Name: State ID Number:  
Kennesaw, GA 30144-5885 FEIN Number: 35-1817054  
(770) 693-6441 ext. [Phone]

## Filing Fees

Fee Required? Yes  
Fee Amount: \$70.00  
Retaliatory? Yes  
Fee Explanation: AR is a retaliatory state and the fee in IN is \$35/Form  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
HCC Life Insurance Company	\$70.00	01/20/2010	33654886

SERFF Tracking Number:	HCCH-126459853	State:	Arkansas
Filing Company:	HCC Life Insurance Company	State Tracking Number:	44633
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TOI:	H21 Health - Other	Sub-TOI:	H21.000 Health - Other
Product Name:	Medical Stop Loss Endorsements		
Project Name/Number:	/		

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	01/25/2010	01/25/2010

### Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
filing fee	Note To Filer	Rosalind Minor	01/20/2010	01/20/2010
Filing Fee	Note To Filer	Ashley Roberts	01/20/2010	01/20/2010

*SERFF Tracking Number:*      *HCCH-126459853*

*State:*      *Arkansas*

*Filing Company:*      *HCC Life Insurance Company*

*State Tracking Number:*      *44633*

*Company Tracking Number:*      *CAP AOA 2010*

*TOI:*      *H21 Health - Other*

*Sub-TOI:*      *H21.000 Health - Other*

*Product Name:*      *Medical Stop Loss Endorsements*

*Project Name/Number:*      */*

## **Disposition**

Disposition Date: 01/25/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: HCCH-126459853 State: Arkansas

Filing Company: HCC Life Insurance Company State Tracking Number: 44633

Company Tracking Number: CAP AOA 2010

TOI: H21 Health - Other Sub-TOI: H21.000 Health - Other

Product Name: Medical Stop Loss Endorsements

Project Name/Number: /

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Health - Actuarial Justification	Approved-Closed	Yes
Supporting Document	Outline of Coverage	Approved-Closed	Yes
Supporting Document	Filing Cover Letter	Approved-Closed	Yes
Supporting Document	HCCL MSL - 2010 CAP - Redline	Approved-Closed	Yes
Form	Contract Advantage Plan	Approved-Closed	Yes
Form	Aggregate Only Advance	Approved-Closed	Yes

*SERFF Tracking Number:*      *HCCH-126459853*                      *State:*                      *Arkansas*  
*Filing Company:*              *HCC Life Insurance Company*                      *State Tracking Number:*      *44633*  
*Company Tracking Number:*      *CAP AOA 2010*  
*TOI:*                      *H21 Health - Other*                      *Sub-TOI:*                      *H21.000 Health - Other*  
*Product Name:*              *Medical Stop Loss Endorsements*  
*Project Name/Number:*      /

**Note To Filer**

**Created By:**

Rosalind Minor on 01/20/2010 01:12 PM

**Last Edited By:**

Rosalind Minor

**Submitted On:**

01/25/2010 02:29 PM

**Subject:**

filing fee

**Comments:**

Please ignore the Note to Filer concerning the filing fee in the amount of \$50.00

*SERFF Tracking Number:*      *HCCH-126459853*                      *State:*                      *Arkansas*  
*Filing Company:*              *HCC Life Insurance Company*                      *State Tracking Number:*      *44633*  
*Company Tracking Number:*      *CAP AOA 2010*  
*TOI:*                      *H21 Health - Other*                      *Sub-TOI:*                      *H21.000 Health - Other*  
*Product Name:*              *Medical Stop Loss Endorsements*  
*Project Name/Number:*      /

**Note To Filer**

**Created By:**

Ashley Roberts on 01/20/2010 01:06 PM

**Last Edited By:**

Rosalind Minor

**Submitted On:**

01/25/2010 02:29 PM

**Subject:**

Filing Fee

**Comments:**

Our filing fees have recently been revised under our Rule 57 . The fee for the filing and review of each life and/ or accident and health certificate rider, application, or endorsement, if filed separately from the basic form, per insurer per form is now \$50.00.

SERFF Tracking Number: HCCH-126459853 State: Arkansas  
Filing Company: HCC Life Insurance Company State Tracking Number: 44633  
Company Tracking Number: CAP AOA 2010  
TOI: H21 Health - Other Sub-TOI: H21.000 Health - Other  
Product Name: Medical Stop Loss Endorsements  
Project Name/Number: /

## Form Schedule

### Lead Form Number: HCCL MSL - 2007

Schedule Item	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 01/25/2010	HCCL MSL - 2010 CAP	Policy/Cont Contract Advantage ract/Fratern Plan al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Revised	Replaced Form #: HCCL MSL - 2004 CAP Previous Filing #:	60.200	HCCL MSL- 2010 CAP - final.pdf
Approved-Closed 01/25/2010	HCCL MSL - 2010 AOA	Policy/Cont Aggregate Only ract/Fratern Advance al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		60.100	HCCL MSL- 2010 AOA - final.pdf



**HCC LIFE INSURANCE COMPANY**  
STOP LOSS POLICY  
CONTRACT ADVANTAGE PLAN (CAP) ENDORSEMENT

Policy Number:

Endorsement Number:

Policyholder:

Effective:

YOU and WE agree that above policy is amended as follows:

In exchange for premium considerations provided for on the attached Application, We guarantee that if You renew Your Specific Stop Loss Insurance with Us for the next Policy Year, Your renewal Stop Loss Policy will not contain any additional Covered Persons with a Separate Individual Specific Deductible. We reserve the right to carry over to the renewal policy any or all Covered Persons that already have a Separate Individual Specific Deductible shown on the attached Application.

Additionally, We guarantee that the Specific Monthly Premium Rates on Your renewal Stop Loss Policy will not be increased more than [1-150]% over the Specific Monthly Premium Rates shown on the attached Application.

If you purchase a Split Funded Endorsement, the Split Funded Liability on Your renewal Stop Loss Policy will increase by this same percentage.

We may decide not to offer this endorsement, at our discretion, upon Your next Renewal or upon any subsequent Renewal of Your Stop Loss Policy. We also reserve the right to change, modify or cancel this endorsement, at our discretion, should You amend or change Your Employee Benefit Plan in any way that materially affects our risk or liability with regards to the Policy or this Endorsement, or if Your renewal Stop Loss Policy:

1. Contains coverage options for Covered Expenses related to Plan Benefits that are different than those selected on the attached Application, or
2. Contains a Contract Period that is longer in duration than the Contract Period shown on the attached Application, or
3. Contains coverage for Retirees, if coverage for Retirees was not purchased with this Policy, or
4. Contains a Specific Deductible that is not equal to the Specific Deductible shown on the attached Application, or
5. Contains a Contract Basis that is not identical to the Contract Basis shown on the attached Application, or
6. Contains a Specific Lifetime Reimbursement Maximum that is higher than the Specific Lifetime Reimbursement Maximum shown on the attached Application, or
7. Contains a Specific Percentage Reimbursable that is higher than the Specific Percentage Reimbursable shown on the attached Application.

If you purchase a Split Funded Endorsement, We reserve the right to change, modify or cancel this endorsement if You:

1. Cancel the Split Funded Endorsement on any renewal Stop Loss policy, or
2. Request the Split Funded Liability be decreased on any renewal Stop Loss policy, or
3. Request the Split Funded Liability be increased by a percentage less than the increase of the Specific Monthly Premium Rates as stated in this Endorsement.

**HCC LIFE INSURANCE COMPANY**  
STOP LOSS POLICY  
CONTRACT ADVANTAGE PLAN (CAP) ENDORSEMENT

**THERE ARE NO POLICY CHANGES UNDER THIS ENDORSEMENT OTHER THAN STATED ABOVE.**

\_\_\_\_\_  
Full Legal Name of Applicant/Policyholder:

\_\_\_\_\_  
Signed At / Date Signed

\_\_\_\_\_  
Officer/Partner Signature (print name)

\_\_\_\_\_  
Witnessed (Licensed Agent) Signature

**FOR HCC LIFE INSURANCE COMPANY USE ONLY:**

ACCEPTANCE

Accepted on behalf of the Company, this \_\_\_\_\_ day of \_\_\_\_\_,  
\_\_\_\_\_

By \_\_\_\_\_

Title: \_\_\_\_\_

**HCC LIFE INSURANCE COMPANY**  
**STOP LOSS POLICY**  
**[AGGREGATE ONLY ADVANCE] ENDORSEMENT**

Policy Number:

Endorsement Number:

Policyholder:

Effective Date of Endorsement:

If You selected only Aggregate Stop Loss Insurance on the attached application, You and We agree that this Policy is amended as follows:

ARTICLE I – DEFINITIONS is hereby amended as follows:

The following definitions are hereby added:

**AGGREGATE ONLY ADVANCE:** An amount reimbursed by Us under this Endorsement during the Contract Period. The Aggregate Only Advance is calculated by subtracting the sum of the Policy's Monthly Aggregate Deductibles calculated on a year-to-date basis, or the Policy's Annual Aggregate Deductible calculated on a year-to-date basis, whichever is greater, from the Policy's Net Paid Claims as calculated on a year-to-date basis per the Contract Basis. Year-to-date calculations will be based on the Effective Date of the Policy, the Contract Basis and the date(s) We receive a written request(s) for an Aggregate Only Advance.

**ULTIMATE AGGREGATE CLAIM.** As per the process outlined in Article IV.B.5., the excess determined to be payable to You if the amount of Net Paid Claims eligible under this Policy exceeds the Annual Aggregate Deductible or the Minimum Annual Aggregate Deductible, whichever is greater. If the Net Paid Claims does not exceed the Annual Aggregate Deductible or the Minimum Annual Aggregate Deductible, whichever is greater, no Ultimate Aggregate Claim will be payable to You.

The definition of Loss Limit is hereby deleted and replaced with the following:

**LOSS LIMIT.** The maximum amount of Covered Expenses Incurred by each Covered Person (or Covered Family) which can be used to satisfy the Annual aggregate Deductible, an Aggregate Only Advance or the Ultimate Aggregate Claim. This amount is shown in the Application.

**AGGREGATE ONLY ADVANCE PROVISIONS**

We will pay You an Aggregate Only Advance, subject to the following conditions:

1. We will reimburse You only after We receive a written request that includes the following:
  - A. A completed Monthly Deductible Advance Reimbursement Claim Form
  - B. Monthly loss summary reports showing the paid claims data and aggregate census information by month and year-to-date.
  - C. Paid claims analysis showing employee names, claimant names, service dates, types of service, amounts of charges and amounts paid.
2. We will not reimburse You more than twice in any one month.
3. We will only reimburse You for Aggregate Only Advances that exceed \$1,000.

Pursuant to the Records provision of this Policy, at any time during the Contract Period, when the sum of the Aggregate Only Advances exceeds \$50,000, We reserve the right to review and audit Your records prior to releasing any additional Aggregate Only Advances.

Aggregate Only Advance is not available after a Policy's termination date or after the expiration of the Contract Period. Additionally, at the end of the Contract Period, We reserve the right to review and audit Your records for the purpose of determining the Ultimate Aggregate Claim and to make a final settlement of the account, if any.

**HCC LIFE INSURANCE COMPANY**  
STOP LOSS POLICY  
[AGGREGATE ONLY ADVANCE] ENDORSEMENT

Once the audit is concluded:

1. If the sum of the Aggregate Only Advances paid to You under the this Endorsement exceeds the Ultimate Aggregate Claim, You shall repay Us the difference within 15 days of Our request.
2. If the Ultimate Aggregate Claim is greater than the sum of the Aggregate Only Advances paid under this Endorsement, we will immediately reimburse You the difference.

The availability of this Aggregate Only Advance Endorsement is subject to Your compliance with all terms and conditions of the Policy.

If Your Aggregate Stop Loss Insurance terminates with Us prior to the end of the Contract Year, You shall repay Us 75% of all amounts advanced by Us as of the day the Aggregate Stop Loss Insurance terminates. You shall have 90 days from the termination date to submit the Proof of Loss information, which will be used to determine the Ultimate Aggregate Claim. If We then determine that an Ultimate Aggregate Claim is payable, We shall make any payment due to You immediately. If the Ultimate Aggregate Claim determines that You owe Us more than the 75% of all amounts advanced under this Endorsement, You shall repay Us such amounts within 15 days of our request.

We will not charge interest on the amount provided to You as an Aggregate Only Advance. However, if after the Ultimate Aggregate Claim is calculated, it is determined that the amount advanced to You under this Endorsement exceeds the Ultimate Aggregate Claim and You do not repay the requested amount within 15 days of our request, a late payment penalty equal to 10% of the amount due will be levied each successive 30 days after the payment was requested and until the amount owed to Us, plus any interest accrued, is paid in full.

**THERE ARE NO POLICY CHANGES UNDER THIS ENDORSEMENT OTHER THAN STATED ABOVE.**

\_\_\_\_\_  
Full Legal Name of Applicant / Policyholder

\_\_\_\_\_  
Signed At / Date Signed

\_\_\_\_\_  
Officer / Partner Signature (print name)

\_\_\_\_\_  
Licensed Agent Signature

**FOR HCC LIFE INSURANCE COMPANY USE ONLY:**

ACCEPTANCE

Accepted on behalf of the Company, this \_\_\_\_\_ day of \_\_\_\_\_,  
\_\_\_\_\_

By \_\_\_\_\_

Title: \_\_\_\_\_

SERFF Tracking Number:	HCCH-126459853	State:	Arkansas
Filing Company:	HCC Life Insurance Company	State Tracking Number:	44633
Company Tracking Number:	CAP AOA 2010		
TOI:	H21 Health - Other	Sub-TOI:	H21.000 Health - Other
Product Name:	Medical Stop Loss Endorsements		
Project Name/Number:	/		

## Supporting Document Schedules

	<b>Item Status:</b>	<b>Status</b>
		<b>Date:</b>
<b>Satisfied - Item:</b> Flesch Certification	Approved-Closed	01/25/2010
<b>Comments:</b>		
<b>Attachment:</b>		
CAP AOA Readability Cert.pdf		

	<b>Item Status:</b>	<b>Status</b>
		<b>Date:</b>
<b>Satisfied - Item:</b> Application	Approved-Closed	01/25/2010
<b>Comments:</b>		
This is an endorsment to HCC Life's previously approved Medical Stop Loss Policy HCCL MSL - 2007. This was approved on 12/29/2006 filing number FRCS-125064018.		

	<b>Item Status:</b>	<b>Status</b>
		<b>Date:</b>
<b>Bypassed - Item:</b> Health - Actuarial Justification	Approved-Closed	01/25/2010
<b>Bypass Reason:</b> This filing is for an endorsement only.		
<b>Comments:</b>		

	<b>Item Status:</b>	<b>Status</b>
		<b>Date:</b>
<b>Bypassed - Item:</b> Outline of Coverage	Approved-Closed	01/25/2010
<b>Bypass Reason:</b> This filing is for a group product and is only an endorsement to HCC Life's previously approved Medical Stop Loss Policy HCCL MSL - 2007.		
<b>Comments:</b>		

	<b>Item Status:</b>	<b>Status</b>
		<b>Date:</b>
<b>Satisfied - Item:</b> Filing Cover Letter	Approved-Closed	01/25/2010
<b>Comments:</b>		

SERFF Tracking Number:	HCCH-126459853	State:	Arkansas
Filing Company:	HCC Life Insurance Company	State Tracking Number:	44633
Company Tracking Number:	CAP AOA 2010		
TOI:	H21 Health - Other	Sub-TOI:	H21.000 Health - Other
Product Name:	Medical Stop Loss Endorsements		
Project Name/Number:	/		

**Attachment:**

AR CAP AOA Filing Letter.pdf

	Item Status:	Status
<b>Satisfied - Item:</b> HCCL MSL - 2010 CAP - Redline	Approved-Closed	<b>Date:</b> 01/25/2010
<b>Comments:</b>		
<b>Attachment:</b>		
HCCL MSL-2010 CAP - redline to submit.pdf		

# HCC LIFE INSURANCE COMPANY



225 TownPark Drive, Suite 145, Kennesaw, Georgia 30144 Telephone: (770) 973-9851 Facsimile: (770) 973-9854

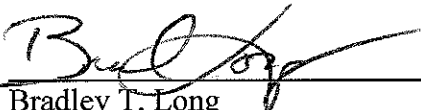
January 7, 2010

## Certificate of Readability

I, Bradley T. Long, hereby certify that the forms listed below have the following readability scores as calculated by the Flesch Reading Ease Test.

<u>Form Number</u>	<u>Form Name</u>	<u>Score</u>
HCCL MSL-2010 CAP	Contract Advantage Plan Endorsement	60.2
HCCL MSL-2010 AOA	Aggregate Only Advance Endorsement	60.1

Respectfully,

  
Bradley T. Long  
Assistant Vice President, Compliance  
800/447-0460  
[blong@hcclife.com](mailto:blong@hcclife.com)

# HCC LIFE INSURANCE COMPANY



225 TownPark Drive, Suite 145, Kennesaw, Georgia 30144 Telephone: (770) 973-9851 Facsimile: (770) 973-9854

January 20, 2010

Arkansas Insurance Department  
1200 West Third Street  
Little Rock, AR 72201

**RE: HCC Life Insurance Company**  
**NAIC #: 92711 – FEIN #: 35-1817054**  
**Stop Loss Endorsement Filings**  
**Contract Advantage Plan Endorsement (revised)**  
**Aggregate Only Advance Endorsement (new)**

These endorsement forms are being submitted to enhance HCC Life's previously approved stop loss forms (HCCL MSL-2007, et al), which was approved by the Department on 12/29/2006 (see filing number FRCS-125064018).

**Submitted Forms:** Two endorsement forms are being submitted with this filing.

## **Contract Advantage Plan endorsement: HCCL MSL-2010 CAP**

The first form enclosed is an update to HCC Life's updated Contract Advantage Plan Endorsement. The original version of the endorsement was approved in your state on **06/14/2006 (filing number HCCL MSL – 2004 CAP)**. Changes to the Contract Advantage Plan are outlined in a redline version which is also submitted. In addition to these outlined changes, HCC Life is no longer limiting the maximum increase to the specific stop loss rates in renewing contract years to 45%. Instead, the guaranteed specific stop loss rate increase shown on the endorsement will be predetermined and mutually agreed upon between HCC Life and the Policyholder and will be based on experience-related underwriting factors. The premium load to purchase the Contract Advantage Plan endorsement remains at 6% (or less) of specific stop loss premium rates. Additionally, HCC Life still guarantees not to add any additional Separate Individual Specific Deductibles (or "lasers") to the Policy in renewing contract years.

## **Aggregate Only Advance endorsement: HCCL MSL-2010 AOA**

The second endorsement included with this filing is a new endorsement. For the purposes of this filing, we are calling it the Aggregate Only Advance endorsement. A marketing name for the endorsement is yet to be determined. The HCC Life's Aggregate Only Advance endorsement will be sold to stop loss policyholders that prefer to purchase only aggregate stop loss insurance and retain a greater portion of their healthcare risk. Policyholders that purchase this endorsement will be able to receive an advance on their aggregate stop loss claim during the contract year if it is determined that their year-to-date eligible claims spend has exceeded their year-to-date Monthly Aggregate Deductibles. At the end of the contract year, HCC Life will perform an aggregate claims audit on policyholders purchasing the endorsement to determine if a final aggregate stop loss claim is payable, and when applicable, reconcile the policyholder's claim against any advances received under the endorsement.



January 20, 2010  
Arkansas Insurance Department  
RE: HCC Life Insurance Company – Stop Loss Endorsement forms  
Page Two

Purchasers of the Aggregate Only Advance endorsement will be assigned a Loss Limit of no less than \$1,000,000, which will increase their aggregate premium rates based on previously established underwriting criteria, however the elimination of specific stop loss coverage will contribute to an overall lower stop loss premium. As a result, there is no direct load or cost for the Aggregate Only Advance endorsement.

**Type of Submission:** This filing is for two endorsements to our previously approved stop loss form filing. HCC Life's stop loss forms provide excess risk coverage to employers with self-funded health plans which are usually subject to Employee Retirement Income Security Act of 1974 (ERISA).

**State Stop Loss Restrictions:** HCC Life certifies that its stop loss policies are compliant with all applicable state minimum specific deductible, minimum aggregate corridor and small group restrictions (if any). In states where limitations exist, edits are built into our underwriting system to prevent us from quoting or issuing a stop loss policy that is out of compliance with applicable state laws and regulations.

**Domiciliary State:** HCC Life's state of domicile is Indiana. These endorsements are being filed in Indiana concurrent with to this filing. This filing was submitted to Indiana on 01/20/2010.

**Variable Material:** The Contract Advantage Plan endorsement contains only one variable, which is the mutually agreed upon maximum renewal specific rate increase, which will be between 1% and 150%. The Aggregate Only Advantage endorsement does not contain any variables.

Thank you in advance for reviewing this new endorsement. If you have any questions or comments regarding this submission, please feel free to contact me.

Respectfully,



Misty Pagelsen  
Compliance Assistant  
800/447-0460 Ext. 455  
770/693-6455 - direct  
770/973-9854 – fax  
[mpagelsen@hcclife.com](mailto:mpagelsen@hcclife.com)

**HCC LIFE INSURANCE COMPANY**  
STOP LOSS POLICY  
CONTRACT ADVANTAGE PLAN (CAP) ENDORSEMENT

Policy Number:

Endorsement Number:

Policyholder:

Effective:

YOU and WE agree that above policy is amended as follows:

In exchange for premium considerations provided for on the attached Application, We guarantee that if You renew Your Specific Stop Loss Insurance with Us for the next Policy Year, Your renewal Stop Loss Policy will not contain any additional Covered Persons with a Separate Individual Specific Deductible. We reserve the right to carry over to the renewal policy any or all Covered Persons that already have a Separate Individual Specific Deductible shown on the attached Application.

Deleted: (or Renewal Certificate)

Deleted: (or Renewal Certificate)

Additionally, We guarantee that the Specific Monthly Premium Rates on Your renewal Stop Loss Policy will not be increased more than 1-150% over the Specific Monthly Premium Rates shown on the attached Application.

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Deleted: (or Renewal Certificate)

If you purchase a Split Funded Endorsement, the Split Funded Liability on Your renewal Stop Loss Policy will increase by this same percentage.

We may decide not to offer this endorsement, at our discretion, upon Your next Renewal or upon any subsequent Renewal of Your Stop Loss Policy. We also reserve the right to change, modify or cancel this endorsement, at our discretion, should You amend or change Your Employee Benefit Plan in any way that materially affects our risk or liability with regards to the Policy or this Endorsement, or if Your renewal Stop Loss Policy:

1. Contains coverage options for Covered Expenses related to Plan Benefits that are different than those selected on the attached Application, or
2. Contains a Contract Period that is longer in duration than the Contract Period shown on the attached Application, or
3. Contains coverage for Retirees, if coverage for Retirees was not purchased with this Policy, or
4. Contains a Specific Deductible that is not equal to the Specific Deductible shown on the attached Application, or
5. Contains a Contract Basis that is not identical to the Contract Basis shown on the attached Application, or
6. Contains a Specific Lifetime Reimbursement Maximum that is higher than the Specific Lifetime Reimbursement Maximum shown on the attached Application, or
7. Contains a Specific Percentage Reimbursable that is higher than the Specific Percentage Reimbursable shown on the attached Application.

Deleted: (or Renewal Certificate)

Deleted: (or Renewal Certificate)

Deleted: (or Renewal Certificate)

Deleted: (or Renewal Certificate)

Deleted: (or Renewal Certificate)

Deleted: (or Renewal Certificate).

If you purchase a Split Funded Endorsement, We reserve the right to change, modify or cancel this endorsement if You:

1. Cancel the Split Funded Endorsement on any renewal Stop Loss policy, or
2. Request the Split Funded Liability be decreased on any renewal Stop Loss policy, or
3. Request the Split Funded Liability be increased by a percentage less than the increase of the Specific Monthly Premium Rates as stated in this Endorsement.

Formatted: Bullets and Numbering

Deleted: 2004

HCCL MSL-2010 CAP

**HCC LIFE INSURANCE COMPANY**  
**STOP LOSS POLICY**  
**CONTRACT ADVANTAGE PLAN (CAP) ENDORSEMENT**

**THERE ARE NO POLICY CHANGES UNDER THIS ENDORSEMENT OTHER THAN STATED ABOVE.**

\_\_\_\_\_  
Full Legal Name of Applicant/Policyholder:

\_\_\_\_\_  
Signed At / Date Signed

\_\_\_\_\_  
Officer/Partner Signature (print name)

\_\_\_\_\_  
Witnessed (Licensed Agent) Signature

**FOR HCC LIFE INSURANCE COMPANY USE ONLY:**

**ACCEPTANCE**

Accepted on behalf of the Company, this \_\_\_\_\_ day of \_\_\_\_\_,  
\_\_\_\_\_

By \_\_\_\_\_

Title: \_\_\_\_\_